



Division of Mental Health and Addiction
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Community-Based Options for Youth and Families
Intensive Home and Community-Based Wraparound Services
Provider Background Checks

The Division of Mental Health and Addiction requires that all certified direct care providers obtain a Fingerprint Based National and State Criminal Background Check, state and local Child Protective Services (CPS) Check, and Local Law Enforcement Agency (LEA) Record Check.

1) Fingerprint-Based National and State Criminal Background Check:

Click this link to enter the [L1 Identity Solutions Fingerprint Registration](#) website. If you have any questions, please call L-1 Enrollment Services at (877) 472-6917. Follow the Inkless Registration Instructions document located in this Background Checks folder. Once the background check has been completed, the results will be sent to the DMHA directly.

2) CPS Background Check Requests:

CPS background check requests can be sent to the DCS local office where applicant lives or works; or the DCS central office. It is necessary to obtain background checks for any state the applicant has resided within the last five years.

Click this link to find a local Department of Child Services (DCS) office: [Local DCS office's contact information](#) (<http://in.gov/dcs/2372.htm>). Central Office Requests can be scanned and e-mailed to the following email address: Background.CheckUnit@dcs.in.gov or faxed to 317-234-4633, Attention: Background check unit.

3) Local Law Enforcement Checks:

This is a name-based background check done with the police department or sheriff office that would respond to the subject of the checks current home address or any previous home address in which the subject of the check has resided in the past five years (including out of state). The law enforcement agency to complete the background check would be the agency that would respond to a 911 call from the subject's home addresses.

Policy/Procedure Approval		
Revised: April 2013	Provider Background Checks	
OMPP Approval:		Date:
DMHA Approval:		Date: